

**Michigan Department of Community Health  
EMS and Trauma Systems Section  
201 Townsend Street  
Lansing, Michigan 48913**

<p style="text-align: center;"><b>MDCH USE ONLY</b></p> <p>Date Received at MDCH: _____</p> <p>Date Rec'd by Regional Coordinator: _____</p> <p>Date Reviewed by Regional Coord.: _____</p>	<p>Date Amendments Requested: _____</p> <p>Date Amendments Received: _____</p> <p>Date Report form sent to MDCH: _____</p>
<p>Recommended Approval:    <input type="checkbox"/> Yes            <input type="checkbox"/> No</p> <p>Regional Coordinator Signature: _____</p>	

**EMS CONTINUING EDUCATION PROGRAM SPONSOR  
APPLICATION FOR INITIAL APPROVAL**

*PLEASE SUBMIT TWO COMPLETE COPIES OF THE APPLICATION AND ALL ATTACHMENTS*

This application is to be completed jointly by the Program Sponsor's EMS CE Instructor Coordinator and a representative of the Program Sponsor. **All applications must be received by MDCH at least 60 days prior to the planned start of the first continuing education course to be offered.** Approval of a continuing education program for emergency medical services personnel is predicated upon completion and submission of this application as prescribed by PA 368 of 1978, as amended, and applicable Rules, and compliance with MDCH Continuing Education Program Requirements. **No continuing education courses may start until the application is approved.**

Program approval is for one year. For all additional continuing education offerings within the approval period, not included in this application, the sponsor must submit the CE Application form BHPPA-EMS-202c and attachments **to the Regional Coordinator** at least 30 days prior to start of the continuing education offering.

1.

Continuing Education Program Sponsor			
Address			
City	State	Zip	County
EMS CE Sponsor Representative:	Title	Telephone Number	
		(      )	

2.

<b>Sponsor is a:</b>	
_____ Post-Secondary School	_____ Life Support Agency
_____ Vocational/Technical/High School	_____ Hospital
_____ Licensed Proprietary School	_____ U.S. Military Service
_____ Adult Education Center	
Attach verification of sponsor type.	

3.

**EMS CE Instructor Coordinator:** Print Clearly

First/Middle/Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

MI I/C License #: \_\_\_\_\_ MI Provider License #: \_\_\_\_\_

**Attach copy of EMS CE Instructor Coordinator's provider & I/C licenses, contract or employment agreement between sponsor and course coordinator AND course coordinator position description.**

4.

**Program Evaluation**

**Attach a statement signed by authorized representative of EMS CE Program Sponsor that sponsor complies with all MDCH requirements for program evaluation, as described in the program approval packet.**

5.

I affirm that all information submitted in response to this application is true and that the EMS Continuing Education program offerings under our sponsorship are consistent with the Michigan Department of Community Health continuing education program requirements. I also affirm that all program instructors possess the knowledge and skills appropriate to their area of instruction and that classes will be taught in an appropriate educational environment.

I affirm that all continuing education credits awarded will be under the direction of this program approval and any documentation of CE completion will exhibit EMS CE Program Sponsor approval number and the signature of the EMS CE Instructor Coordinator.

I affirm that as an approved EMS CE Program Sponsor all attendance records will be maintained a minimum of four years and that all requests for CE attendance verification by the Department will be returned within 10 days of receipt of verification request.

The Michigan Department of Community Health, or its designated representatives, reserves the right to request copies of all documentation relevant to the conduct of any continuing education program and upon which approval is granted and to make a follow-up monitoring visit as the Department shall deem appropriate.

I certify that I am the authorized representative of the Continuing Education Program Sponsor, and that I am authorized to sign this application on the Program Sponsor's behalf. I affirm by my signature that this program will follow all continuing education course requirements as set forth and approved by MDCH and that any changes from the information submitted herein will be submitted to MDCH for approval before they are implemented. **I understand that any misrepresentation of the information provided as part of this application may result in non-approval or revocation of existing approval.**

Name of EMS CE Program Sponsor		
Printed Name of Authorized EMS CE Program Sponsor's Representative	Title	Telephone Number (      )
Original Signature – Authorized EMS CE Program Sponsor's Representative		Date

6. I affirm my commitment to serve as EMC CE Instructor Coordinator and to comply with all MDCH requirements for education program EMS CE instructor Coordinator, as described in the program approval packet.

Printed Name of Authorized EMS CE Instructor Coordinator	Title	Telephone Number (      )
EMC CE Instructor Coordinator Signature		Date

Attachments:

Checklist  
Course Credit Distribution Form  
Instructional Faculty Form

### **Checklist**

The following items **must** be attached to and submitted with this application:

- \_\_\_\_\_ Verification of sponsor type
- \_\_\_\_\_ Copy of EMS CE Instructor Coordinator's I/C license and EMS provider license
- \_\_\_\_\_ Copy of signed contract between program sponsor and EMS CE Instructor Coordinator or employment verification letter
- \_\_\_\_\_ EMS CE Instructor Coordinator position description (may be part of contract)
- \_\_\_\_\_ List of the instructional faculty (form titled Instructional Faculty)
- \_\_\_\_\_ Copy of each instructional faculty's credentials
- \_\_\_\_\_ Sample certificate of attendance
- \_\_\_\_\_ Sample evaluation tool(s) to be used (student evaluation of course content and presenter)
- \_\_\_\_\_ Signed program sponsor statement of meeting MDCH requirements for program evaluation

**Documentation of compliance with all other required approval criteria must be submitted with the application for verification during the evaluation of the regional coordinator.**

Along with this application, you must attach a lesson plan including program content and learning objectives for each class

Category Code	EMS Provider Categories	Category Code	Instructor/Coordinator Categories
1	Preparatory	10	Instructional Techniques
2	Airway Management and Ventilation	11	Measurement and Evaluation
3	Patient Assessment	12	Educational Administration
4	Trauma		
5	Medical		
6	Special Considerations		
7	Operations		

### CONTINUING EDUCATION PROGRAM CREDIT DISTRIBUTION

Line	Cat. Code	Specific Topic Title*	Course Format	Number Hours	Number of Credits				
			Lecture Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC
Sample	4	Spinal Injury/Backboarding	Lecture	1	1	1	1	1	0
			Practical (Hands-on or Skill)	2	2	2	2	2	0
1			Lecture						
			Practical (Hands-on or Skill)						
2			Lecture						
			Practical (Hands-on or Skill)						
3			Lecture						
			Practical (Hands-on or Skill)						
4			Lecture						
			Practical (Hands-on or Skill)						
5			Lecture						
			Practical (Hands-on or Skill)						
6			Lecture						
			Practical (Hands-on or Skill)						
7			Lecture						
			Practical (Hands-on or Skill)						
8			Lecture						
			Practical (Hands-on or Skill)						
9			Lecture						
			Practical (Hands-on or Skill)						
10			Lecture						
			Practical (Hands-on or Skill)						

Line	Cat. Code	Specific Topic Title*	Course Format	Number Hours	Number of Credits				
			Lecture Practical (Hands-on or Skill)		MFR	EMT	EMT-S	P	IC
11			Lecture						
			Practical (Hands-on or Skill)						
12			Lecture						
			Practical (Hands-on or Skill)						
13			Lecture						
			Practical (Hands-on or Skill)						
14			Lecture						
			Practical (Hands-on or Skill)						
15			Lecture						
			Practical (Hands-on or Skill)						
16			Lecture						
			Practical (Hands-on or Skill)						
17			Lecture						
			Practical (Hands-on or Skill)						
18			Lecture						
			Practical (Hands-on or Skill)						
19			Lecture						
			Practical (Hands-on or Skill)						
20			Lecture						
			Practical (Hands-on or Skill)						
21			Lecture						
			Practical (Hands-on or Skill)						
22			Lecture						
			Practical (Hands-on or Skill)						
23			Lecture						
			Practical (Hands-on or Skill)						
24			Lecture						
			Practical (Hands-on or Skill)						
25			Lecture						
			Practical (Hands-on or Skill)						
26			Lecture						
			Practical (Hands-on or Skill)						

## INSTRUCTIONAL FACULTY

[illegible]

**Michigan Department of Community Health  
Bureau of Health Policy, Planning & Access  
EMS and Trauma Systems Section  
201 Townsend Street  
Lansing, MI 48913**

**EMS CE Education Program Sponsor Approval and Re-approval Criteria  
Evaluation Form**

*See text for detailed explanation of criteria, documentation required, and re-approval documentation required.*

**NOTE: Criteria are divided into required and recommended categories.**

**Program Sponsorship-Required**

- ☐ 1. Provide documentation that verifies sponsor facility type. Programs must be sponsored by a facility that is either a post-secondary school (such as a university or a college), a high school or vocational/technical school, or proprietary school licensed by the Michigan Department of Labor and Economic Growth; an adult education center; a licensed life support agency, a hospital, or a United States Military Service.
- ☐ 2. Provide a sponsor representative contact that is other than the EMS CE Instructor Coordinator.
- ☐ 3. Provide a written statement outlining sponsor responsibilities.
- ☐ 4. Provide an action plan that documents how the sponsor will provide oversight to all classes.

**Resources**

**EMS CE Instructor Coordinator-Required**

- ☐ 5. EMS CE Instructor Coordinator for each level of the program is identified on application.
- ☐ 6. Show proof of Michigan IC licensure and EMS provider licensure.
- ☐ 7. Provide documentation of formal affiliation with program (employment verification letter) or copy of contract with sponsor.
- ☐ 8. Provide written EMS CE Instructor Coordinator position description.
- ☐ 9. Assure an approved instructor is present during all classes.

**EMS CE Instructor Coordinator-Recommended**

- ☐ 10. Provide documentation of previous experience as a EMS CE Instructor Coordinator
- ☐ 11. Provide documentation of previous coordination experience
- ☐ 12. Provide documentation of previous teaching experience
- ☐ 13. Provide documentation of previous field experience
- ☐ 14. Provide documentation of previous general administrative experience
- ☐ 15. Provide documentation of license at higher level than the program
- ☐ 16. Provide documentation of academic credentialing, e.g. B.S., M.S., Ph.D., etc.

**Instructional Faculty-Required**

- ☐ 17. Provide documentation that demonstrates instructors are proficient in the subject material presented.
- ☐ 18. Provide Curriculum Vitae for instructors that identifies credentials, including copy of EMS license for each instructor, if applicable.
- ☐ 19. Provide documentation that demonstrates instructor formal affiliation (employment verification letter) or copy of contract with program sponsor
- ☐ 20. Provide instructor's written position description (generic).

**Instructional Faculty-Recommended**

- ☐ 21. Provide documentation that instructors are licensed I/C(s) in State of Michigan
- ☐ 22. Provide documentation that instructors have academic credentialing.
- ☐ 23. Provide documentation that instructors have previous EMS field experience.
- ☐ 24. Provide documentation that instructors have previous teaching experience.

**Financial Resources-Required**

- ☐ 25. Provide a written statement from the sponsor that states there is financial support for the program.

**Financial Resources-Recommended**

- ☐ 26. Provide a course budget and written statement from the sponsor financially supporting the program.

**Physical Resources****Facility-Required (See facility requirements attachment)**

- ☐ 27. The facility meets all requirements in the attached appendix.

**Facility-Recommended (See facility recommendations)**

- ☐ 28. The facility meets some recommendations in the attached appendix.

**Supplies****Equipment-Recommended (See equipment recommendations)**

- ☐ 29. Some equipment identified as recommended in the attached appendix is available.

**Audio Visual-Recommended (See audio visual recommendations)**

- ☐ 30. Some audio-visual equipment identified as recommended in the attached appendix is available.

**Operational Policy/Procedures-Required**

- ☐ 31. Attendance records will be maintained for minimally four years and contain:
  - a. date and time of course
  - b. category & Specific topic of course
  - c. location of course
  - d. course instructor



e. copies of student evaluations (lecture & practical)

- \_\_\_\_\_ 32. Provide copies or documentation of liability policies in place which cover the faculty and students in all program locations.
- \_\_\_\_\_ 33. Provide a copy of the program's ADA policy.
- \_\_\_\_\_ 34. Provide a copy of the program's non-discrimination policy.
- \_\_\_\_\_ 35. Provide copy of the program's sexual harassment policy that is provided to students.

#### **Program Evaluation-Required**

- \_\_\_\_\_ 36. Document that a course evaluation is performed, by the students, at the completion of each course.
- \_\_\_\_\_ 37. Document that the instructor is evaluated, for the purpose of providing feedback to the instructor.
- \_\_\_\_\_ 38. Provide a written action plan that documents how information obtained from the evaluation process (numbers 36-37) is utilized to make changes in the program when appropriate.
- \_\_\_\_\_ 39. By policy, direct what data is included in the summary report that is made by the instructor or EMS CE Instructor Coordinator to the program sponsor. This report includes:
  - a. summary of each course's evaluations (from # 36)
  - b. the action plan for implementing necessary changes (from #38)

# Further Explanations of EMS CE Program Sponsor Approval Criteria

## Topic: Program Sponsorship

- Requirement:** 1. All EMS CE education programs must be sponsored by a facility that is either a post-secondary school (such as a university or a college), a high school or vocational/ technical school, or proprietary school licensed by the Michigan Department of Labor and Economic Growth; an adult education center; a licensed life support agency, a hospital, or a United States Military Service.
- Note:** A licensed life support agency includes an ambulance operation, non-transport prehospital life support operation, aircraft transport operation, and medical first response service.
2. The Sponsor must provide a contact person, other than the EMS CE Instructor Coordinator, who represents the sponsor.
3. A statement outlining the sponsor's responsibilities will be a component of the written agreement between the sponsor and the EMS CE Instructor Coordinator.
4. The sponsor must provide an action plan that identifies how the sponsor will provide oversight of all EMS courses whether they are at the main location or an off-site satellite location. Suggestions for demonstrating oversight of EMS courses include:
- a. Frequent sponsor representative visits to the classroom to interview students and observe EMS faculty
  - b. Written reports from faculty to the sponsor with specific factors reported. For example, summary of student evaluations, summary of student feedback surveys, etc.

### For Program Re-Approval Evaluation:

- 3. The Sponsor's responsibilities document must be current.
- 4. A documented action plan for oversight of all courses must be submitted.

## Topic: EMS CE Instructor Coordinator

- Requirement:** 5. The coordinator of a program must be licensed in the State of Michigan as an EMS Instructor-Coordinator and hold a Michigan EMS provider license.
6. The EMS CE Instructor Coordinator must maintain these licenses throughout program sponsor approval period.
7. This individual must be formally affiliated or contracted with the course sponsor. If the EMS CE Instructor Coordinator is employed by the sponsor, they must provide an employment verification letter. If the EMS CE Instructor Coordinator is on contract with the sponsor, a copy of the contract must be provided.
8. The EMS CE Instructor Coordinator will have a written position description outlining his or her responsibilities.

### Recommendation:

- 10-16. It is further recommended that the EMS CE Instructor Coordinator have previous experience as a course coordinator and instructor, EMS field experience, general administrative experience, and be licensed at a higher level than the program. Academic credentialing would also be beneficial, particularly in the field of education. EMS CE Instructor Coordinator CV (resume) should be available on-site for review of recommended criteria.

### For Program Re-Approval Evaluation:

- 6. The EMS CE Instructor Coordinator must provide any updates of licenses, certifications.
- 7. An updated EMS CE Instructor Coordinator contract or letter of affiliation must be submitted.

8. Provide any update in the EMS CE Instructor Coordinator written position description.

**Topic: Instructional Faculty**

- Requirement:**
17. Any instructor (including assistants, secondary faculty, special speakers) for a program must be proficient in their subject matter presented.
  18. Instructors' credentials must be documented on a CV or resume which is on file, as well as a copy of their EMS license, if applicable.
  19. Instructors must be employed or contracted with the program sponsor. The sponsor must provide an employment verification letter or a contract with the instructional faculty.
  20. There must be a written position description on file outlining faculty duties and responsibilities. This may be individualized or generic.

**Recommendation:**

- 21-24. It would be beneficial if any instructor utilized in the program is a licensed I/C and licensed at a level higher than the program being offered. Previous EMS field experience and teaching experience would also be beneficial. Academic credentials, particularly in the field of education, would be recommended as well. Any secondary EMS credentials such as BTLS, ACLS, etc., particularly at an instructor level, will further benefit the program.

**For Program Re-Approval Evaluation:**

17. The program must be able to demonstrate that any instructor (including assistants, secondary faculty, subject matter experts) that is in the classroom is proficient in their subject matter .
18. All instructors' licenses/credentials and CV must be updated and present in the files.
19. For all faculty utilized, provide any updated instructor contracts or letters of affiliation.
20. Provide any update to the instructor written position description. This may be individualized or generic.

**Topic: Financial Resources**

- Requirement:**
25. All EMS initial education programs must provide a written statement from the sponsor's Chief Financial Officer (or equivalent) assuring financial support of the course. The financial support for the continuance of the program is the program sponsor's responsibility and it may not be assigned to another party.

**Recommendation:**

26. Provide a program budget **and** a statement from the sponsor's Chief Financial Officer (or equivalent) supporting the program.

**For Program Re-Approval Evaluation:**

25. Provide an updated financial support statement.

**Topic: Facility**

**Requirement:** 27. The facility must be conducive to learning. The classroom must have sufficient writing space and chairs for each of the students. Sufficient bathroom facilities with an area to wash their hands is also required. Lighting must be adequate for day or night classes and the room must be able to be darkened adequately to allow for effective audio visual usage. There needs to be sufficient power sources for audio visuals and any other apparatus that would need power. The room must be adequately heated and ventilated to maintain a reasonable temperature. The facility must be handicapped accessible unless there is a documented waiver of this requirement. The lab facility must be clean and of sufficient size to carry out the practical portions of the program.

**Note:** With regard to handicap accessibility, there are two building codes used in the State of Michigan: BOCA and CABO, these codes include the ADA criteria. If a building owner, or builder, wishes to vary from the building code within their county, they must apply for a variance. From this point, the building inspector will submit the request for variance to the County/City Construction Board of situation concerning ADA waiver, a letter would be issued by the Construction Board of Appeals stating that they have waived the ADA criteria.

**Recommendation:** 28. It would be beneficial if the facility was dedicated solely for the purpose of medical education and training or at least minimally dedicated for general education. It would also be beneficial if the facility was air-conditioned and had adequate and accessible parking. Access to a telephone would also be recommended.

**Facility Requirement and Recommendation Checklist**

The classroom should be conducive to learning.

**Facility-Requirements as defined by Department of Education**

- \_\_\_ Sufficient restroom facilities available
- \_\_\_ At least one chair per individual in the lecture area
- \_\_\_ A writing space (table or desk) of sufficient size to accommodate a text book (opened) and a place to write
- \_\_\_ Lighting adequate for day and/or night classes
- \_\_\_ Suitable power source for audio-visuals
- \_\_\_ The room able to be darkened suitably for audio-visual needs
- \_\_\_ The room well ventilated and adequately heated to reasonably regulate the temperature
- \_\_\_ Handicapped accessible or waiver
- \_\_\_ Lab facility, sufficient size and clean (area for performance of practical skills)

**Facility-Recommended**

- \_\_\_ Dedicated facility for medical education/training
- \_\_\_ Dedicated facility for education/training
- \_\_\_ Air conditioned
- \_\_\_ Adequate parking facilities
- \_\_\_ Telephone access
- \_\_\_ Other (please specify)

**For Program Re-Approval Evaluation:**

**Topic: Equipment**

**Recommendation:**

29. The items identified in the attached checklist are pieces of equipment that may be necessary to adequately prepare your students for the field. Enough equipment should be available to accommodate largest class size anticipated so that students are provided ample exposure to the equipment.

**Attachment: Equipment Check Sheet**

**For Program Re-Approval Evaluation:**

**EMS Equipment Recommendations**

**This equipment should be either physically present or a current rental agreement in place.**

- ☐ Long Backboards w/straps and immobilizers or towel rolls and various sized c-collars
- ☐ Short Backboards
- ☐ Traction splints
- ☐ Adult airway trainer
- ☐ Infant airway trainer
- ☐ Rigid splints
- ☐ Sufficient bandaging supplies
- ☐ Pediatric and adult airway and ventilation equipment (OPA's, NPA's, Pocket masks, BVM's)
- ☐ Working mechanical suction unit with rigid and flexible suction catheters
- ☐ Oxygen tank w/oxygen and regulator
- ☐ Various oxygen administration sets (adult and peds nasal cannula, simple mask, partial rebreather, non-rebreather, venturi)
- ☐ OB Kit contents
- ☐ Burn sheets
- ☐ CPR adult, infant, and child trainer
- ☐ Combitube®, ETDLA
- ☐ AED or AED Trainer and simulator
- ☐ Epi-pen training device
- ☐ Inhaler training device
- ☐ IV Bag and tubing
- ☐ Helmets (motorcycle, football, bicycle, etc.)
- ☐ Approved child restraint seat
- ☐ PASG pants
- ☐ Bedding
- ☐ Stethoscope and BP cuffs
- ☐ Personal protective equipment (masks, gowns, goggles, gloves, etc.)
- ☐ N-95 Mask
- ☐ OB Mannikin
- ☐ Stair chair
- ☐ Stretcher (ambulance cot)
- ☐ Scoop stretcher
- ☐ Pediatric immobilization device
- ☐ Dedicated automobile or automobile simulator
- ☐ Pulse Oximeter
- ☐ Penlights
- ☐ Extrication equipment
- ☐ Moulage
- ☐ Thermometer
- ☐ Functional ambulance
- ☐ Two-way communication equipment
- ☐ Adult intubation heads
- ☐ Infant intubation heads

- \_\_\_Lubricant for mannikins
- \_\_\_Various sizes and types of ET tubes
- \_\_\_IO mannikin or simulator
- \_\_\_IO needles
- \_\_\_IV arms
- \_\_\_Various sizes and types of IV catheters
- \_\_\_IV administration kits
- \_\_\_IV tubing (blood tubing/macro drip/micro drip)
- \_\_\_Normal saline locks
- \_\_\_Sharps container
- \_\_\_Laryngoscopes handles/blades (curved and straight)/(adult and pediatrics)
- \_\_\_Stylets
- \_\_\_Various syringes
- \_\_\_Vacutainer tubes
- \_\_\_Tourniquets
- \_\_\_Alcohol and betadine prep pads
- \_\_\_End tidal CO2 detector and esophageal detection device
- \_\_\_Pulse oximetry
- \_\_\_Glucose evaluating device
- \_\_\_Broselow tapes or equivalent
- \_\_\_Replacement bulbs and batteries
- \_\_\_Commercially produced ET tube securing devices
- \_\_\_PEFR (Peak expiratory flow rate) device
- \_\_\_Scalp vein mannikin
- \_\_\_Meconium aspirators
- \_\_\_Monitor/defibrillator capable of synchronized and unsynchronized cardioversion and pacing
- \_\_\_Primary cardiac rhythm generator
- \_\_\_Device(s) which allow simulated synchronized and unsynchronized defibrillation/cardioversion/pacing
- \_\_\_Drugs (outdated or simulated in ampules, vials, pre-filled and tubex cartridge styles to cover all drugs listed in the MDCH Paramedic education requirements)
- \_\_\_Hypodermic needles (various gauges and lengths)
- \_\_\_Subcutaneous and intramuscular simulation device
- \_\_\_Syringes (1 cc, 3 cc, 5 cc, 10 cc, 30 cc)
- \_\_\_IV set-up for piggyback drug administration
- \_\_\_Pleural decompression model (inner tube with ribs, etc)
- \_\_\_Nebulizer
- \_\_\_Needle cricothyroidotomy simulation device
- \_\_\_12 Lead ECG capabilities
- \_\_\_ALS mannikin
- \_\_\_IV infusion pump
- \_\_\_Tracheostomy supplies
- \_\_\_External jugular mannikin
- \_\_\_Mannikin for male/female urinary catheterization
- \_\_\_Urinary catheters
- \_\_\_Nasogastric tube mannikin
- \_\_\_Nasogastric tubes
- \_\_\_X-Ray viewbox
- \_\_\_Neonate isolette

**Topic: Audio Visual**

**Recommendation:**

30. A variety of A/V equipment and supplies should be readily available. (See attached list)

**For Program Re-Approval Evaluation:**

**Recommended Audiovisual Equipment List**

- ☐ Instructor Writing Surface:
  - Chalkboard or
  - Dry Erase Board or
  - Flip Chart
- ☐ Assortment of colored chalk and/or markers
- ☐ Slide Projector or
  - Overhead Projector or
  - Document Camera or
  - Computer Presentations
    - Slide Projector
      - ☐ Extra bulb readily available
      - ☐ Remote to forward/reverse carousel
      - ☐ Secondary carousels available
      - ☐ Lens provides large enough image for all to see
      - ☐ Electrical power readily available to power projector
      - ☐ Appropriate surface to project onto (i.e.: screen, white colored flat wall)
    - Overhead Projector
      - ☐ Extra bulb readily available
      - ☐ Blank transparencies
      - ☐ Electrical power readily available to power projector
      - ☐ Appropriate surface to project onto (i.e.: screen, white colored flat wall)
      - ☐ Assortment of colored transparency markers
    - Document Camera
      - ☐ Monitor(s) or video projector with image large enough for all to see
      - ☐ Appropriate surface to project onto (i.e.: screen, white colored flat wall) if using a projector
    - Computer Presentations
      - ☐ Computer
      - ☐ Monitor(s) or video projector with image large enough for all to see
      - ☐ Appropriate surface to project onto (i.e.: screen, white colored flat wall) if using a projector
- ☐ Video cassette recorder/player with monitor
  - ☐ Monitor(s) or video projector image large enough for all to see
  - ☐ Audio loud enough for all to hear
  - ☐ Backup monitor or projector bulb available
  - ☐ Appropriate surface to project onto (i.e.: screen, white colored flat wall) if using a projector
- ☐ Audience Response System
  - ☐ Monitor(s) or video projector with image large enough for all to see
  - ☐ Appropriate surface to project onto (i.e.: screen, white colored flat wall) if using a projector
  - ☐ Appropriate number of participant response control pads
  - ☐ Technical help readily available (recommended)
- ☐ Televideo conferencing
  - ☐ Monitor(s) or video projector with image large enough for all to see
  - ☐ Audio loud enough for all to hear
  - ☐ Appropriate number of microphones for participants

\_\_\_Technical help readily available



**Topic: Operational Policies/Procedures**

- Requirement:** 31. The program sponsor must have a policy on maintaining continuing education records. These records must be kept minimally for four years and minimally include: date and time of course, category and specific topic of course, location of course, instructor, and copies of student evaluations.
32. The program sponsor must have in effect a general liability insurance policy that covers personal injury or damages for all program locations. This policy would cover students, faculty, ancillary staff, volunteers, etc. The recommended amount is \$1,000,000.
33. The program sponsor will have in effect and publish a policy regarding the "Americans with Disabilities Act".
34. The program sponsor will have in effect and publish a non-discrimination policy.
35. The program sponsor will have in effect and publish a sexual harassment policy.

**For Program Re-Approval Evaluation:**

31. Provide a copy of the policy on maintaining continuing education records.
33. Provide a copy of the ADA policy.
34. Provide a copy of any update to the non-discrimination policy.
35. Provide a copy of any update to the sexual harassment policy.

**Topic: Program Evaluation**

- Requirement:** 36. There will be a process for evaluation of the course by the students at the completion of every course. This will be demonstrated by providing copies of evaluations completed by students.
37. There will be a demonstrated method for the primary instructor(s) to receive feedback from the students and/or supervisory faculty at least once during a course to facilitate change if necessary. This will be demonstrated by providing copies of completed feedback tools.
38. A written action plan will document how the information obtained from the evaluation process (36-37) is utilized to make changes in the program.
39. The EMS CE Instructor Coordinator or CE instructor will provide to the sponsor a summary of each course evaluation and an action plan for implementing necessary changes.
- The final report will be kept with the course records. This information will be useful in identifying trends in course performance and help to monitor changes after implementation of the action plan.

**For Program Re-Approval Evaluation:**

- information
36. Provide copies of the course end evaluations that were completed by students.
37. Provide copies of the feedback tools that were used during a course.
38. Provide documentation on how the program has made changes in their program, utilizing information obtained from the evaluation process.
39. A copy of an evaluation summary that is developed by the instructor, or EMS CE Instructor Coordinator for the program sponsor's representative, must be provided. This report must include: a summary of course end evaluations (done by students) and the action plan for implementing any change.